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CONFIRMATION NO. 3137

<b>SERIAL NUMBER</b> 10/832,619	<b>FILING OR 371(c) DATE</b> 04/27/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> S63.2B-11399-US01
<b>APPLICANTS</b> Michael Austin, Galway, IRELAND;				
<b>** CONTINUING DATA *****</b> (E)				
<b>** FOREIGN APPLICATIONS *****</b> (E)				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/07/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance (E)		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged Examiner's Signature (E) Initials (E)	<b>INDEPENDENT CLAIMS</b> 2			
<b>ADDRESS</b> 490				
<b>TITLE</b> Stent delivery system				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	